

# **President's Emergency Plan for AIDS Relief FY2004 Annual Progress Report**

**Covering the period of October 1, 2003 to September 30, 2004**

## **Introduction**

The strong collaboration between the United States Government (USG) and the South African Government significantly contributes to our capacity, and that of our partners, to achieve Emergency Plan targets. In the nine months since the initiation of the President's Emergency Plan for AIDS Relief, the United States Mission to South Africa has made significant strides toward meeting the goals of the Emergency Plan. Some partners only received funding very late in the financial year, and some not before the end of September 2004. Despite this, the partners and the programs they are implementing in the public, private and NGO sectors in South Africa have made significant progress.

## **SECTION 1: Financial Indicators**

Table 1 - Program Obligation Table

<b>Program Area</b>	<b>Total FY04 Funding Obligated</b>
Prevention of Mother-to-Child Transmission	\$5,459,463
Abstinence and Faithfulness Programs	4,609,084
Blood Safety	0
Safe Injections and Prevention of Other Medical Transmission	0
Other Prevention Initiatives	8,689,892
Counseling and Testing Services	4,490,770
HIV Clinical Care and Support, Prevention and Treatment of TB and Other OIs	2,190,257
Palliative Care	4,400,000
Support for Orphans and Vulnerable Children	3,900,000
Antiretroviral Therapy	19,350,911
PMTCT+	0
Strategic Information	2,828,800
Cross-Cutting Activities	3,829,375
Laboratory Support	825,000
Management and Staffing	4,695,000
<b>TOTAL</b>	<b>\$65,268,552</b>

## **SECTION 2: Prevention, Care and Treatment Accomplishments**

In July 2004, the Office of the Global AIDS Coordinator revised the guidance regarding strategic information. Although the Emergency Plan is primarily focused on service delivery, there was a need to better capture all the activities that play a supportive role in providing care and treatment services. For example, in a country with a less developed health system, USG funding supports infrastructure, salaries, procurement of supplies – the components that make up direct service delivery. In other countries, such as South Africa, USG funds support improvements to the already strong health system. Activities such as developing logistics

systems, quality assurance and capacity building all play a vital role in delivering necessary services, but are not easily captured in service delivery indicators such as “number of people reached.”

To measure the impact of supporting services, the Office of the Global AIDS Coordinator developed the categories of “direct” and “indirect” USG support:

*USG direct support*

Included in these accomplishments are individuals receiving care and treatment through service delivery sites/providers that are directly supported by USG programs (commodities, drugs, supplies, supervision, training or quality assurance, etc.) at the point of service delivery. An intervention or activity is considered to be a type of “direct support” if it can be associated with counts of uniquely identified individuals receiving care and/or support at a service delivery point benefiting from the intervention/activity.

*USG indirect support*

Estimate of individuals receiving care or treatment supported in part by the USG’s *contribution* to national, regional, or local activities such as policy development, logistics, protocol or guideline development, advocacy, laboratory support, capacity building, etc. The indirect estimates included in this report have been compiled from various sources that include, but are not limited to, public presentations made at various meetings by DOH and other government and non-government program personnel. Therefore, having been drawn from different sources, these data may not exactly reflect data generated by the DOH and they have not been confirmed by the government.

*Total USG support*

As indirect is an estimate at a macro level, direct counts are subtracted from indirect estimates to ensure double counting does not exist.

Even though there are concrete definitions, as outlined above, some areas of ambiguity remain. The USG Mission and its implementing partners have been conservative when applying these definitions and used additional criteria, such as frequency of visits and access to unique patient records, when claiming direct service delivery. The general assumption behind all the counts included in this report, and more specifically with the indirect counts, is that PEPFAR-funded activities are contributing to service delivery, rather than attributing these numbers only to PEPFAR. **In all cases, direct and indirect, the USG recognizes that our programs and partners always are contributing to service delivery in partnership with the South African Government and its implementing partners. None of these results can or should be attributed only to USG efforts and funding.**

After collecting data and analyzing data based on the above criteria, the USG has developed the following table for Fiscal Year 2004 (Oct 1, 2003 – Sept 30, 2004) (PEPFAR began in February 2004).

	USG direct support	USG indirect support	Total USG support
<b>Prevention</b>			
Number of pregnant women who received PMTCT services in FY04	40,815	446,504	487,319
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting in FY04	10,399	65,346	75,745
<b>Care</b>			
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support in FY04	47,147	354,427	401,574
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY04	3,301	128,605	131,906
Number of OVCs being served by an OVC program in FY04	63,978	2,495	66,473
Total number of people receiving Care and Support	114,426	485,527	599,953
<b>Counseling &amp; Testing</b>			
Number of individuals who received counseling and testing in FY04	57,961	177,917	235,878
<b>Treatment</b>			
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the end of FY04	4,934	7,319	12,253
Total number of people receiving Treatment	4,934	7,319	12,253

### **SECTION 3: Program Level Indicators – Direct Counts**

TOTALS FOR PREVENTION SERVICES/PROGRAMS		Direct	Indirect
Total number of service outlets/programs providing prevention services		242	
Total number of individuals trained to provide prevention services		4,886	
<b>Prevention/Abstinence and Be Faithful</b>			
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		152	
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful		6	
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		239,640	
	Male	35,832	
	Female	50,934	
	<b>Note:</b> Not all partners were able to disaggregate by sex, therefore the sub-sets do not equal the total.		
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful		13,449,549	
<b>Prevention/Abstinence (Note: this is a subset of the abstinence and be faithful programs)</b>			

<b>TOTALS FOR PREVENTION SERVICES/PROGRAMS</b>		<b>Direct</b>	<b>Indirect</b>
Number of community outreach HIV/AIDS prevention programs that promote abstinence		37	
Number of mass media HIV/AIDS prevention programs that promote abstinence		2	
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence		34,785	
	Male	21,521	
	Female	13,264	
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence		30,000	
<b>Prevention/Medical Transmission/Blood safety</b>			
Number of service outlets/programs carrying out blood safety activities		39	
Number of individuals trained in blood safety		397	
<b>Prevention/Medical Transmission/Injection Safety</b>			
Number of individuals trained in injection safety		414	
<b>Prevention/Other</b>			
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		3	
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		31	
Number of targeted condom service outlets		484	
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		542,164	
	Male	56,028	
	Female	93,940	
	<b>Note:</b> Not all partners were able to disaggregate by sex, therefore the sub-sets do not equal the total.		
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		16,604,790	
Number of individuals trained in HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		4,075	

<b>Prevention of Mother-to-Child Transmission</b>		<b>Direct</b>	<b>Indirect</b>
Number of service outlets providing the minimum package of PMTCT services		1,083	
Number of pregnant women provided with PMTCT services, including counseling and testing		40,815	446,504
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		10,399	65,346
Number of health workers newly trained or retrained in the provision of PMTCT services		8,814	

<b>TOTALS FOR PALLIATIVE CARE (NON-ART CARE) SERVICES/PROGRAMS</b>		<b>Direct</b>	<b>Indirect</b>
Total number of service outlets/programs providing HIV-related palliative care (including TB/HIV)		1,085	
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		50,448	485,527
	Male	5,659	
	Female	40,382	
	<b>Note:</b> Not all partners were able to disaggregate by sex, therefore the sub-sets do not equal the total.		

<b>TOTALS FOR PALLIATIVE CARE (NON-ART CARE) SERVICES/PROGRAMS</b>		<b>Direct</b>	<b>Indirect</b>
Total number of individuals trained to provide HIV palliative care (including TB/HIV)		5,233	
<b>Palliative Care: Basic Health Care and Support (excluding TB/HIV)</b>			
Number of service outlets/programs providing general HIV-related palliative care		911	
	Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	
	<b>Note:</b> The SAG has a comprehensive Malaria program in place and has not requested assistance in this area.		
Number of individuals provided with general HIV-related palliative care		47,147	354,427
	Male	5,153	
	Female	38,477	
	<b>Note:</b> Not all partners were able to disaggregate by sex, therefore the sub-sets do not equal the total.		
Number of individuals trained to provide general HIV-related palliative care		2,138	
<b>Palliative Care: TB/HIV</b>			
Number of service outlets providing clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		625	
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB		3,301	128,605
	Male	506	
	Female	1,905	
	<b>Note:</b> Not all partners were able to disaggregate by sex, therefore the sub-sets do not equal the total.		
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		3,095	

<b>Orphans and Vulnerable Children</b>		<b>Direct</b>	<b>Indirect</b>
Number of OVC programs		90	
Number of OVC served by OVC programs		63,978	2,495
Number of providers/caretakers trained in caring for OVC		1,921	

<b>Counseling and Testing</b>		<b>Direct</b>	<b>Indirect</b>
Number of service outlets providing counseling and testing		860	
Number of individuals who received counseling and testing		57,961	177,917
	Male	22,519	1,560
	Female	20,634	3,315
	<b>Note:</b> Not all partners were able to disaggregate by sex, therefore the sub-sets do not equal the total.		
Number of individuals trained in counseling and testing		3,267	

<b>TOTALS FOR TREATMENT SERVICES</b>		<b>Direct</b>	<b>Indirect</b>
Total number of service outlets providing treatment		86	
Total number of individuals receiving treatment		4,934	7,319
	Males	1,715	
	Females	2,904	
	Pregnant females	28	
	Adults (15+)	4,542	
	Children (0-14)	353	

<b>TOTALS FOR TREATMENT SERVICES</b>		<b>Direct</b>	<b>Indirect</b>
	Total number of new individuals with advanced HIV infection receiving treatment	2,637	
	Males	812	
	Females	1,510	
	Pregnant females	28	
	Adults (15+)	2,272	
	Children (0-14)	324	
	Total number of health workers trained, according to national and/or international standards, in the provision of treatment	5,326	
	Total amount (US Dollars) spent on ARV combination regimens	\$430,943	
	<b>Note:</b> This does not include delivery costs.		

<b>Laboratory Infrastructure</b>	<b>Direct</b>	<b>Indirect</b>
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	3	
Number of individuals trained in the provision of lab-related activities	14	

<b>Strategic Information</b>	<b>Direct</b>	<b>Indirect</b>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2,044	

<b>Other/policy analysis and system strengthening</b>	<b>Direct</b>	<b>Indirect</b>
Number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	23	
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	782	